

**APPLICATION:
OFF PREMISE RETAILER ALCOHOL TRAINING
AND EDUCATION SEMINAR PROVIDER**



Program Name:

Address:

Street

City

State

Zip Code

Program Contact:

Name

Street

City

State

Zip Code

Phone #

e-mail

Address of program delivery sites: (Add additional pages if necessary)

1.

Street

City

State

Zip Code

2.

Street

City

State

Zip Code

Certified Instructors Employed by Program:

Name	Certification Number	Last 4 Social Security Numbers	Date of Expiration of Certification

Geographical area to be served:

Ownership and person or group responsible for program operation:

Description of when and where classes will be held: Please attach schedule and locations.

I ASSURE THAT I/THE COMPANY:

- A. Will follow all Utah State Off Premise Alcohol Training and Education Rules.
- B. Will have prior approval from the Utah State Division of Substance Abuse and Mental Health on any curriculum changes.
- C. Will provide either a card or certificate to each person who successfully completes the training and advise the State Division of Substance Abuse and Mental Health of the name, address, social security number and current employer of each person receiving a card/certificate.
- D. Will pay the State Division of Substance Abuse and Mental Health \$3.50 for each person receiving a card/certificate.

The undersigned verifies that neither the applicant nor any training instructors has been convicted of a felony or of any violation of the law or ordinance concerning alcoholic beverages of involving moral turpitude within the last 5 years.

Signature

Printed Name

Notary

Date

Return completed application with curriculum to:

Victoria Delheimer, LPC, LMFT
Program Administrator, Substance Abuse Treatment
DSAMH
120 N 200 W, Suite 209
Salt Lake City, Utah 84103